

CAB-O-SIL® DIVISION



CABOT CORPORATION

Douglas Cabot Corp
0418080001
P. O. BOX 188, TUSCOLA, ILLINOIS 61953

TELEPHONE AREA CODE 217
TUSCOLA 253-3370
TELEX TUSCOLA 910-983-2542

July 5, 1984

04180801

RCRA Activities
Region V, US EPA
P. O. Box A3587
Chicago, IL 60690
Tuscola

RE: ILD 042075333 *Douglas G.TSD, VIC, PA*

Attn: Mr. Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Dear Mr. Klepitsch:

Enclosed is a revised Part-A permit application for the referenced facility. The revised application has been prepared to satisfy Section 270.72 (c), Subpart G-Interim Status, Part 270 of the RCRA regulations. Cabot Corporation would like to change the process of storage of hazardous waste at the referenced facility from the surface impoundment to two fully contained tanks. The construction of the tanks will begin after approval of the application. When the construction is completed, the surface impoundment is to be closed according to the regulations.

The revised Part-A permit application includes the completed Form 1, Form 3, and a letter of justification.

If you have any questions, please contact me at (217)253-3370.

Sincerely,

RECEIVED

JUL 27 1984

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

GP:sas
Enclosures

Gabriel Paci
Gabriel Paci, Manager
Environmental Affairs
Cab-O-Sil Division
Cabot Corporation

RECEIVED
JUL 10 1984
WMD-RAIU
EPA, REGION V

EPA Region 5 Records Ctr.



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CABOT CORPORATION

P. O. BOX 188, TUSCOLA, ILLINOIS 61953

TELEPHONE AREA CODE 217
TUSCOLA 283-3370
TELEX TUSCOLA 910-063-2842

LETTER OF JUSTIFICATION

(Prepared to meet the requirement of Section
270.72 (C), Subpart G-Interim Status, Part
270, RCRA regulations)

The regulated hazardous waste facility is a surface impoundment which is utilized to store the plant's waste fluid prior to disposal into an injection well at the plant. Cabot Corporation wishes to change the process for the storage from the surface impoundment to two fully contained tanks. Change of the storage process is necessary because a recent assessment of groundwater quality made indicated that the surface impoundment may be affecting the groundwater beneath the plant.

The fully contained storage tanks will be installed and used as the new process for storage at the plant. Subsequent to installation, Cabot Corporation will phase out the use of the impoundment and close it in accordance with the regulatory requirements in Subpart G-Closure and Post Closure, Part 265, RCRA regulations.

Replacement of the surface impoundment by the fully contained storage tanks will enhance the quality of the environment, especially groundwater quality beneath the Cabot plant at Tuscola, Illinois.

FILED 04 20 753 33

GENERAL INSTRUCTIONS

	X	
X		
X		X
	X	
	X	

	X	
	X	
X		
	X	
	X	

CABOT CORPORATION

GABRIEL PACI

217 253 33 70

P.O. BOX 188

TUSCOLA

IL 61953

ROUTE 36 WEST

DOUGLAS

TUSCOLA TOWNSHIP

IL 61953

FORM 3
EPA
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
F I L D O 4 2 0 7 5 3 3 3 1

FOR OFFICIAL USE ONLY
APPLICATION APPROVED
DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate data)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☒ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	H
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	N		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C										D U P										1									
1										12 13 14										15 16 17									
A. PRO- CESS CODE (from list above)										B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY									
1. AMOUNT (specify)										2. UNIT OF MEA- SURE (enter code)										FOR OFFICIAL USE ONLY									
X-1 S 0 2										600										G									
X-2 T 0 3										20										E									
1 S 0 4										590,000										G									
2 D 7 9										NA																			
3 S 0 2										13,000										G									
4 T 0 1										1,500										U									

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)									
F	I	L	D	0	4	2	0	7	5
3	3	3							
T	R	C							
		6							

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)

3	9	4	7	0	1	0
88	88	87	88	88	-	71

LONGITUDE (degrees, minutes, & seconds)

0	8	8	2	0	0	0	7
78	-	72	75	76	77	-	78

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER2. PHONE NO. (area code & no.)

E																							
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE	
F										G													
15 16										48 49		40 41 42 47 51											

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

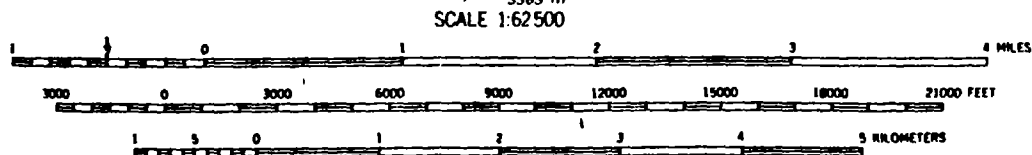
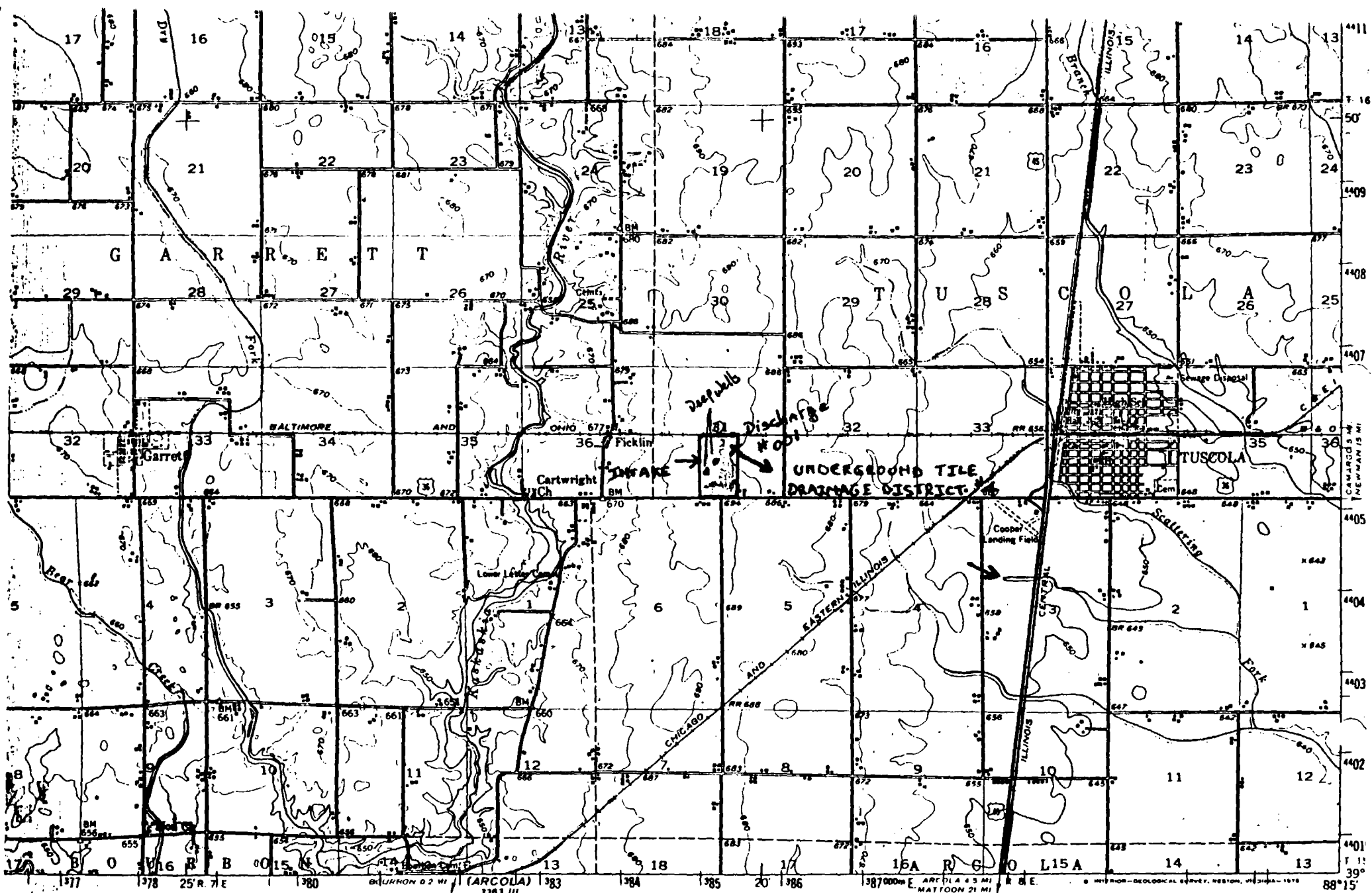
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
CABOT CORPORATION		July 5, 1985

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
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V. FACILITY DRAWING (see page 4)

SEE THE ORIGINAL APPLICATION



CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929



QUADRANGLE LOCATION



ROAD CLASSIFICATION

Heavy-duty ——— Light-duty ———
Medium-duty ——— Unimproved dirt ———
U.S. Route

TUSCOLA, ILL.
N3045 W081516

